

TEXAS DEPARTMENT OF LICENSING AND REGULATION

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TEXAS AIR CONDITIONING CONTRACTORS EXPERIENCE VERIFICATION FORM

Complete this form only if you are qualified to verify air conditioning and/or refrigeration experience for the applicant.

This form must not be completed by the applicant.

This is to certify that _____
Applicant's full name Applicant's Social Security Number
performed the services under my license and direct supervision as described below.

Start date of applicant's employment: _____ End date of applicant's employment : _____

Name of Business _____

Supervisor's Name _____ Supervisor's License Number _____

CHECK ALL THAT APPLY

New installation ☐ Replacement ☐

Air Handler <input type="checkbox"/>	Controls <input type="checkbox"/>	Process Piping <input type="checkbox"/>
Chiller <input type="checkbox"/>	Duct Work <input type="checkbox"/>	Refrigerant and Drain Piping <input type="checkbox"/>
Cooling Coil <input type="checkbox"/>	Evaporator <input type="checkbox"/>	Refrigerant and Process Piping <input type="checkbox"/>
Cooling Tower <input type="checkbox"/>	Gas Furnace <input type="checkbox"/>	Troubleshooting <input type="checkbox"/>
Condenser <input type="checkbox"/>	Ice Makers <input type="checkbox"/>	Walk-in Coolers/Freezers <input type="checkbox"/>

OTHER (describe in full detail):

TEXAS LICENSED EMPLOYER STATEMENT: As a licensee of The Texas Department of Licensing and Regulation, I have only verified actual experience (number of hours and duties) that this applicant received while working under my license and direct supervision. I understand that I may be subject to disciplinary action up to and including revocation of my license if I verify experience other than that which was performed while the applicant was working under my license and direct supervision.

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Signature of Verifying Person

Printed Name of Verifying Person

Date

You can make copies of this form and attach them to the application if needed.